

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

3327

CERTIFICATE OF DEATH

REGISTRAR'S NO.

48

BIRTH NO.

505 IF DEATH ND 31 RESIDENCE 5	1. PLACE OF DEATH A. COUNTY <u>Graham</u>		2. USUAL RESIDENCE (WHERE DECEASED LIVED. *IF INSTITUTION: RESIDENCE BEFORE ADMISSION). A. STATE <u>Ariz</u> B. COUNTY <u>Graham</u>		
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE OR TOWN) <u>Pima</u>	C. LENGTH OF STAY IN THIS PLACE (IN ARIZONA) <u>72 yrs. 72 yrs</u>	C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) <u>Pima Ariz</u>		
	D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) <u>Elizabeth</u>		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <u>Ariz</u>		
2 J ENT ONAL 3 TA 182 6 651	3. NAME OF DECEASED (TYPE OR PRINT) A. <u>Elizabeth</u> (MIDDLE) <u>ELIZABETH</u> C. (LAST) <u>CAROLINE BIRDNO</u>		4. SEX <u>F.M.</u>	5. COLOR OR RACE <u>White</u>	
	6. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	7. DATE OF BIRTH MONTH <u>11</u> DAY <u>11</u> YEAR <u>1869</u>	8. AGE YEARS <u>82</u> MONTHS <u>2</u> DAYS <u>19</u>	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). <u>Housewife</u>	
	9B. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Wash</u>	11. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <u>No</u>	
331X USE IF 0 ATH 0 M 18) 0	14A. FATHER'S NAME <u>Hyron Beech</u>		14B. BIRTHPLACE (STATE OR COUNTRY) <u>England</u>	15A. MOTHER'S MAIDEN NAME <u>Sarah Dall</u>	
	16. INFORMANT'S SIGNATURE <u>W. C. Rawson</u>		17. DATE OF DEATH (MONTH) (DAY) (YEAR) <u>June 30 51</u>		
	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). *THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTIONS.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING DUE TO (b) <u>Atherosclerosis-Cerebral</u> RISE TO THE ABOVE CAUSE (a) STAT- ING THE UNDERLYING CAUSE LAST. DUE TO (c) <u>Hypertension, Atherosclerotic</u> II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.		
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
ATH TO RNAL ENCE	21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY)		21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		
	21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
	21F. HOW DID INJURY OCCUR?				
ICAL IONER'S CATION	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>6/11/51</u> 19 <u>51</u> TO <u>6/27/51</u> 19 <u>51</u> . THAT I LAST SAW THE DECEASED ALIVE ON <u>6/27</u> 19 <u>51</u> . AND THAT DEATH OCCURRED AT <u>P.M.</u> FROM THE CAUSES AND ON THE DATE STATED ABOVE.				
	23A. SIGNATURE <u>W. C. Rawson</u> (DEGREE OR TITLE) <u>M.D.</u>		23B. ADDRESS <u>Safford, Ariz</u>		
	23C. DATE SIGNED <u>7/2/51</u>				
ERAL CTOR 25 ND TRAR 2	24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>	24B. DATE <u>July 2-51</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Pima Cemetery</u>		
	24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Pima</u>				
	25A. DATE REC'D BY LOCAL REG. <u>July 2 1951</u>		25B. REGISTRAR'S SIGNATURE <u>W. C. Rawson</u>		
25C. FUNERAL DIRECTOR'S SIGNATURE <u>W. C. Rawson</u>		25D. EMBALMER'S SIGNATURE <u>W. C. Rawson</u>		25E. ADDRESS <u>Safford, Ariz</u> CERT. NO. <u>116</u>	